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ABSTRACT

Timeout, a widely used approach with severely handicapped and deaf blind students, is nevertheless potentially aversive and should not become a routine procedure. The decision to employ timeout from positive reinforcement should be based on careful consideration of the child's behavior, the severity of the target behavior, and the need for emergency intervention. All procedural safeguards should be understood and followed, and the timeout plan included as part of the child's individualized education program. Tables and charts depicting considerations concerning implementing the seclusion timeout and sequencing the procedure are included. (CL)

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USE OF TIMEOUT WITH THE DEAF-BLIND AND SEVERELY HANDICAPPED

Louise F. Burton

Timeout provides one means to reduce or eliminate a maladaptive behavior which is strongly resistant to change. It has been suggested as an effective procedure to use in reducing a variety of devient behavioral patterns in many settings (Barton, Guess, Garcia & Baer, 1970; Ramp, Ulrich & Dulany, 1971; Burchard & Barrera, 1972; Burton & Bonlon, 1976; Gast & Nelson, 1977; Burton, 1981; and Herbert, 1981). Varied forms of timeout which are familiar to classroom teachers include: placing the child at the back or front of the room; sending the child out of the room; denial of specific privileges; keeping the child in at recess or turning away from the behaving child. The most aversive and potentially the most effective as well as misused timeout procedure is seclusion timeout (Barstow & Bailey, 1969; Pendergrass, 1972; Gast & Nelson, 1977).

A seclusion timeout procedure entails removal of the child to a barren or isolated time, contingent upon the emission of a specific behavior (Sulzer-Azaroff & Mayer, 1977). Seclusion timeout is a strong technique and carries with it many justified concerns and considerations.

Preimplementation considerations

Prior to implementation of a timeout procedure with deaf-blind or other severely handicapped learners, a series of questions should be asked (See Table I). Response of yes or no to the question should provide some direction as to whether or not seclusion timeout should be considered as a treatment alternative.

In addition to the series of questions to be asked, there are other important preimplementation considerations. Certainly the current status of legal rulings is a primary concern. Further, regional and local regulations which serve as guidelines to insure humane treatment and to protect student rights must be followed. Predominant above all other considerations, however, is the question

of true necessity for the implementation of a technique which may be aversive. This consideration is highly individualized. For some children and youth the behavior to be treated may be so immediately dangerous or destructive that the educator is in fact, abrogating responsibility to refuse implementation of any procedure which might prevent harm to the child or others (Repp & Deitz, 1978). For other children, the innappropriate behavior can be radically reduced through consistent application of much less aversive procedures. In this case seclusion timeout is not an appropriate procedure--other less severe procedures which are readily available should be used. (See Table II). At any rate, aversive procedures should be implemented only in a short term critical basis and should be faded immediately toward less aversive procedures while at the same time training appropriate behaviors. In no case should any procedure be continued without evidence of effectiveness for the particular child in that specific situation. Timeout is not useful or practical for most routine maladaptive behavior problems.

Insuring Safeguards and Sequencing Timeout

Timeout involves withdrawal of the reinforcing environment and therefore is a negative procedure. As with other punishment procedures it has the potential for misuse. It is important to designate and follow specific safeguards and guidelines which will insure that the procedure is carefully established and that the behaving child is protected from abuse. (See Table III).

When the appropriate safeguards have been established, and prior to implementation of timeout, a specific procedural sequence must be recognized and approved. (See Table IV). The sequencing will of course, need to be personalized for any child. For example, communication of a request to stop the behavior or warning of impending timeout may be verbal, gestural, signed, pantomined or demonstrated. The time-in period will vary, also, ranging from 2 or 3 minutes to a probable maximal period of 15 minutes. When the target behavior persists beyond 15 minutes, consideration of the appropriateness of the timeout procedure

should be given careful consideration. Also behavioral observations will provide guidance for decision making relative to the optimal timeout duration for the child.

In evaluating the effectiveness of the procedure it is important to ascertain whether or not the timeout experience is noxious to the child. If the child utilizes the time-in period for self reinforcement (stimulation or abuse) then the procedure is counterproductive. Also the implementation team must seek to insure that the very action of removal to the timeout area is not a reinforcing event, and that removal from the timeout area does not become a reward in and of itself. Finally there must be some means to reward and draw attention to an alternate positive behavior as soon as possible.

Summary

Timeout from positive reinforcement is perhaps the most widely used contingent punishment procedure (Solnik, 1977). Timeout procedures range from mild to strongly aversive and have been proven to be effective with a wide range of behaviors in various settings. Timeout procedures have been used successfully with the deaf-blind (Alexander, 1974; Donlon & Burton, 1976) and with other severely handicapped individuals in school settings (Fox & Shapiro, 1978). Wehman & McLaughlin (1979), found that timeout was one of the most frequently used control methods among severely handicapped children and Burton (1981) found that teachers of deaf-blind agreed with the use of timeout with highly disruptive and dangerous behaviors.

Implementation of a potentially aversive procedure to treat strongly resistant behaviors should not in any case become a routine procedure. The decision to use timeout should be based on careful documentation of the child's behavioral training history, and the severity of the specific behavior, as well as the need for emergency intervention. The procedure should be team-implemented and all

procedural safeguards should be mutually understood and followed. Finally, the procedure should be clearly outlined and included as part of the child's educational or treatment plan. In no case should a child be denied access to a treatment procedure which is justified, carefully documented and which is a much less aversive procedure than the only other alternatives which are available for that child at that time. Caution must be taken however, to avoid blanket endorsement of any aversive procedure or to support aversive procedures by strict adherence to an 'ends justify the means' theme.

Table I

CONSIDERATIONS CONCERNING IMPLEMENTING SECLUSION TIMEOUT

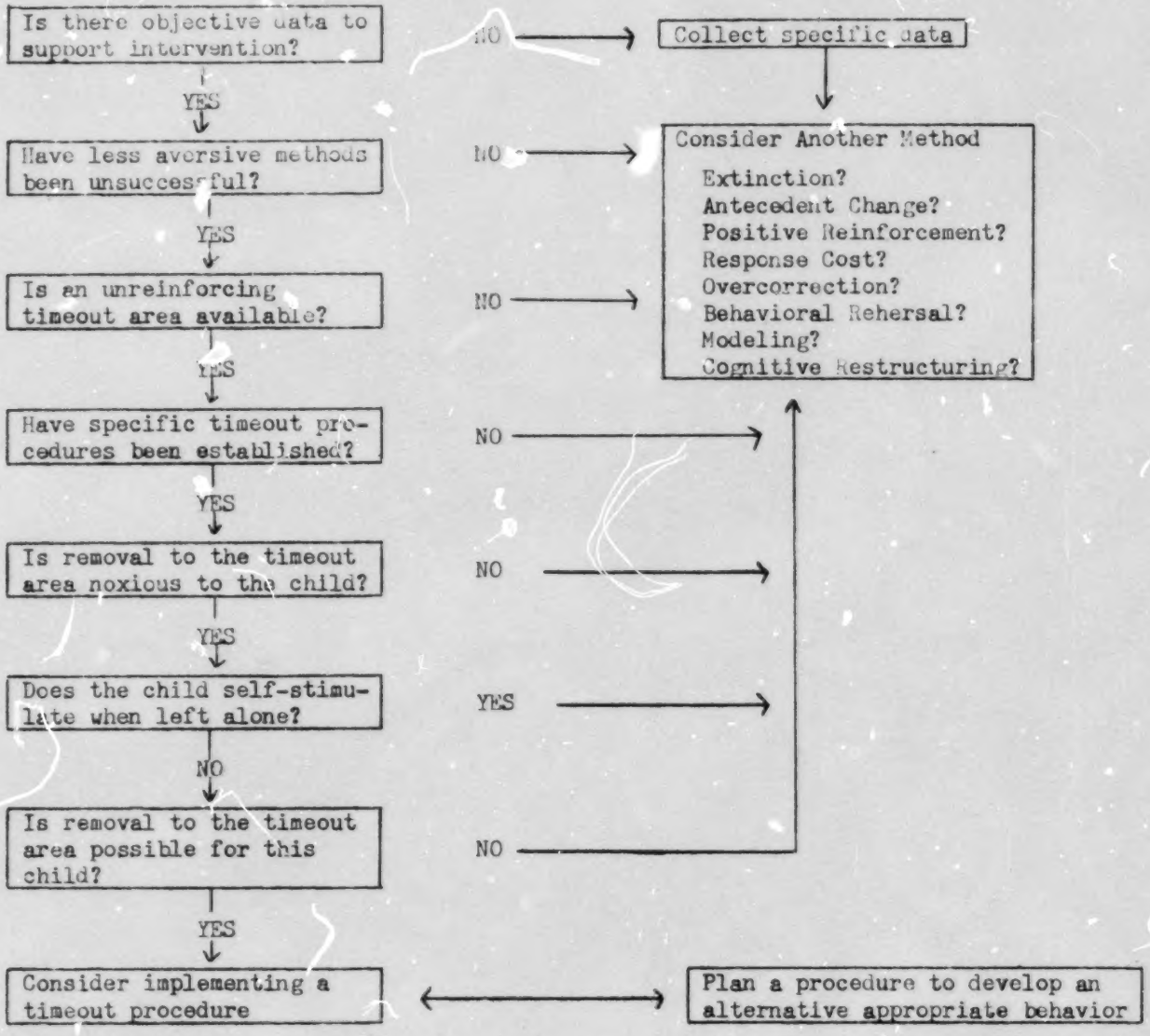


Table II

METHODS FOR REDUCING BEHAVIOR

Extinction	Withhold reinforcement of inappropriate behavior
Antecent Change	Manipulate antecedent stimuli
Positive Reinforcement	Reinforcement of other behaviors
Response Cost	Withdrawal of specific amounts of reinforcements
Overcorrection	Remedy by improvement to a better-than-normal state
Behavior Rehersal	Practice of alternative behaviors
Modeling	Demonstration of appropriate behaviors
Cognitive Restructuring	Teach alternative perceptions
Timeout	Temporary removed from source of reinforcement
Punishment	Presentation of a mildly noxious stimulus

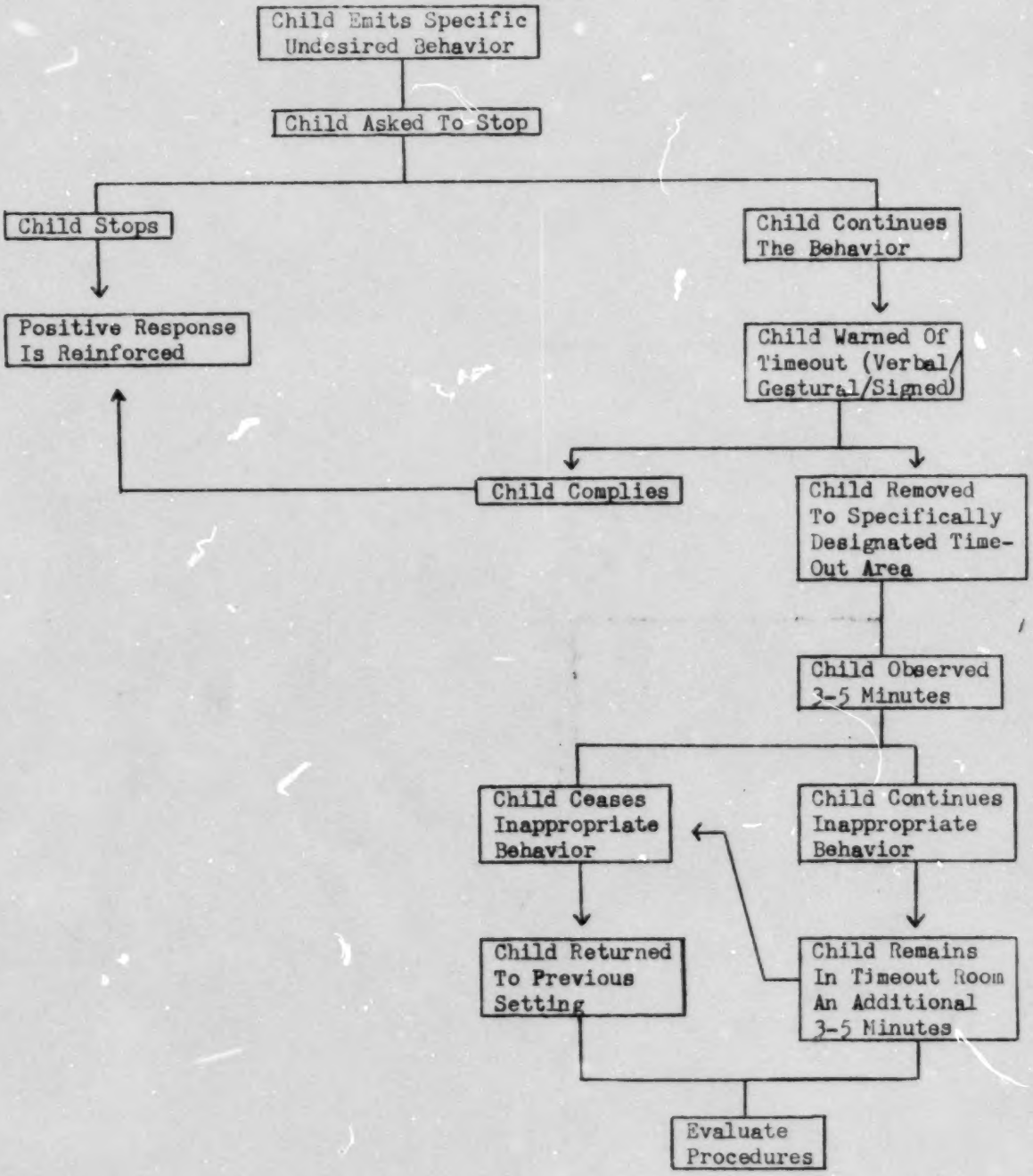
Table III

SAFEGUARDS FOR USE OF TIMEOUT WITH SEVERELY HANDICAPPED LEARNERS

1. Provide adequate lighting, carpet and ventilation.
2. Remove all dangerous materials.
3. Provide for easy and continuous observation.
4. Insure and document that less aversive procedures have been tried.
5. Obtain prior informed consent from all appropriate constituents.
6. Specifically identify the target behavior to be treated.
7. Insure that the procedure is part of the IEP record.
8. Devise a written statement of specific implementation procedures.
9. Develop a program to build a repertoire of appropriate behaviors.
10. Maintain records of each timeout occasion.
11. Do not continue placement in timeout beyond the stated and approved time period -- 10-15 minutes maximum.
12. Evaluate the success of the procedure for this child, this time and this facility.

Table IV

SEQUENCING OF TIMEOUT


Child Emits Specific Undesired Behavior
Child Asked To Stop
Child Stops
Child Continues The Behavior
Positive Response Is Reinforced
Child Warned Of Timeout (Verbal/ Gestural/Signed)
Child Complies
Child Removed To Specifically Designated Time-Out Area
Child Observed 3-5 Minutes
Child Ceases Inappropriate Behavior
Child Continues Inappropriate Behavior
Child Returned To Previous Setting
Child Remains In Timeout Room An Additional 3-5 Minutes
Evaluate Procedures

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